

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Lynn Schott for Congress

ADDRESS (number and street)

9070 Irvine Center Drive, #150

Check if different  
than previously  
reported. (ACC)

Irvine

CA

92618

2. FEC IDENTIFICATION NUMBER ▼

C

C00577510

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

46

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
06 07 2016in the  
State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 01 2016

through

M M / D D / Y Y Y Y  
05 18 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jen Slater

Signature of Treasurer

Jen Slater

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 23 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 27

Write or Type Committee Name

Lynn Schott for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2110.00	30338.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2110.00	30338.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	22255.27	56527.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	153.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	22255.27	56374.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10863.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	60923.86	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 27

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lynn Schott for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

1250.00

21749.00

(ii) Unitemized.....

360.00

2689.00

(iii) TOTAL of contributions from individuals ▶

1610.00

24438.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

500.00

5900.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

2110.00

30338.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

15000.00

36900.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

15000.00

36900.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

153.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

17110.00

67391.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 27

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22255.27	56527.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	22255.27	56527.52

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16008.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17110.00
25. SUBTOTAL (add Line 23 and Line 24).....	33118.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22255.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10863.48

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

Shiou Lin

A.

Mailing Address 7 Hillgrass

City

Irvine

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCTA

Occupation

Marketing Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : INCA198

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Janet Huang

B.

Mailing Address 8 Still Water

City

Newport Coast

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2016

Transaction ID : INCA211

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

1250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 27

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

Full Name (Last, First, Middle Initial)

**Jeffrey Lalloway for Irvine City Council**

Mailing Address 603 E Alton Ave Ste G

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	18	/	2016

Transaction ID : INCA210

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 27

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

Lynn Schott - PERSONAL FUNDS

Mailing Address PO Box 60881

City  
IrvineState  
CAZip Code  
92602FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Founders AcademyOccupation  
Owner/Educator

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

37745.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2016

Transaction ID : PAYA174

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lynn Schott - PERSONAL FUNDS

Mailing Address PO Box 60881

City  
IrvineState  
CAZip Code  
92602FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Founders AcademyOccupation  
Owner/Educator

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

37745.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	05	/	2016

Transaction ID : PAYA176

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

15000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Capitol Tech Solutions**

Mailing Address 2131 Capitol Ave, #306

City	State	Zip Code
Sacramento	CA	95816

Purpose of Disbursement  
Credit Card Processing Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

189.50

☐ Memo Item

Transaction ID : EXPB170

**B. Cardmember Services**

Mailing Address PO Box 94014

City	State	Zip Code
Palatine	IL	60094

Purpose of Disbursement  
Credit Card Payment - Printing Costs

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

7464.10

☐ Memo Item

Transaction ID : EXPB171

**c. Orange IT Wizard**

Mailing Address 3103 S Bristol St, Unit 269

City	State	Zip Code
Santa Ana	CA	92704

Purpose of Disbursement  
Design, Web & Printing Costs

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

4280.97

☒ Memo Item

Transaction ID : PDTB15EXPB171

**SUBTOTAL** of Disbursements This Page (optional).....

7653.60

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. VNCSC Tet Festival**

Mailing Address 14351 Euclid Street, Suite 1R

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

City	State	Zip Code
Garden Grove	CA	92843

Amount of Each Disbursement this Period

955.96
--------

Purpose of Disbursement  
Parade & Festival Costs

007

☒ Memo Item

Candidate Name

Category/  
Type

Transaction ID : PDTB14EXPB171

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Cardmember Services**

Mailing Address PO Box 94014

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

City	State	Zip Code
Palatine	IL	60094

Amount of Each Disbursement this Period

625.76
--------

Purpose of Disbursement  
Misc Event & Office Costs - No Vendor Aggregating over \$200

001

☒ Memo Item

Candidate Name

Category/  
Type

Transaction ID : PDTB17EXPB171

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Orange County Registrar of Voters**

Mailing Address 1300 S Grand Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

City	State	Zip Code
Santa Ana	CA	92705

Amount of Each Disbursement this Period

1601.41
---------

Purpose of Disbursement  
Filing Fees

001

☒ Memo Item

Candidate Name

Category/  
Type

Transaction ID : PDTB16EXPB171

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Frontline Strategies & Media LLC**

Mailing Address 344 E 16th Street

City	State	Zip Code
Costa Mesa	CA	92626

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Transaction ID : EXPB178

**B. Arthur Sanchez**

Mailing Address 27132 Via Bronca, #B

City	State	Zip Code
San Juan Capistran	CA	92675

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Transaction ID : EXPB177

**C. Arthur McIntosh**

Mailing Address 24052 Silverstre

City	State	Zip Code
Mission Viejo	CA	92692

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2016

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Transaction ID : EXPB180

**SUBTOTAL** of Disbursements This Page (optional).....

4725.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Campaign Compliance Group**

Mailing Address 9070 Irvine Center Drive, #150

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement  
Financial Analyst

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

1200.00

☐ Memo Item

Transaction ID : EXPB186

**B. Lynn Schott - PERSONAL FUNDS**

Mailing Address PO Box 60881

City	State	Zip Code
Irvine	CA	92602

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Transaction ID : EXPB190

**C. Arthur McIntosh**

Mailing Address 24052 Silverstre

City	State	Zip Code
Mission Viejo	CA	92692

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

375.00

☒ Memo Item

Transaction ID : PDTB2EXPB190

**SUBTOTAL** of Disbursements This Page (optional).....

1575.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Lynn Schott - PERSONAL FUNDS**

Mailing Address PO Box 60881

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2016

City	State	Zip Code
Irvine	CA	92602

Amount of Each Disbursement this Period

375.00
--------

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : EXPB188

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Arthur McIntosh**

Mailing Address 24052 Silverstre

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2016

City	State	Zip Code
Mission Viejo	CA	92692

Amount of Each Disbursement this Period

375.00
--------

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type☒ Memo Item

Transaction ID : PDTB3EXPB188

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Arthur Sanchez**

Mailing Address 27132 Via Bronca, #B

Date of Disbursement

M M	D D	Y Y Y Y
04	19	2016

City	State	Zip Code
San Juan Capistran	CA	92675

Amount of Each Disbursement this Period

850.00
--------

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : EXPB184

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1225.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Arthur McIntosh**

Mailing Address 24052 Silverstre

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2016

City	State	Zip Code
Mission Viejo	CA	92692

Amount of Each Disbursement this Period

375.00
--------

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : EXPB181

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Ashley Chavez**

Mailing Address 18 Bowie Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

City	State	Zip Code
Irvine	CA	92602

Amount of Each Disbursement this Period

359.04
--------

Purpose of Disbursement  
Campaign Staff Wages

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : EXPB195

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Ashley Chavez**

Mailing Address 18 Bowie Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
Irvine	CA	92602

Amount of Each Disbursement this Period

240.12
--------

Purpose of Disbursement  
Campaign Staff Wages

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : EXPB196

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

974.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Orange IT Wizard**

Mailing Address 3103 S Bristol St, Unit 269

City	State	Zip Code
Santa Ana	CA	92704

Purpose of Disbursement  
Printing & Mailing Costs

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

1377.51

☐ Memo Item

Transaction ID : EXPB207

**B. Arthur Sanchez**

Mailing Address 27132 Via Bronca, #B

City	State	Zip Code
San Juan Capistran	CA	92675

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

850.00

☐ Memo Item

Transaction ID : EXPB203

**C. Frontline Strategies & Media LLC**

Mailing Address 344 E 16th Street

City	State	Zip Code
Costa Mesa	CA	92626

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Transaction ID : EXPB201

**SUBTOTAL** of Disbursements This Page (optional).....

5727.51

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 27

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

**A. Arthur McIntosh**

Mailing Address 24052 Silverstre

City	State	Zip Code
Mission Viejo	CA	92692

Purpose of Disbursement  
Campaign Consulting Services

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2016

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Transaction ID : EXPB206

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

375.00

**TOTAL** This Period (last page this line number only).....

22255.27

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC2

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

900.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

900.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 17 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC25

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC47

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 16 / 2015

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 19 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC69

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 18 / 2016

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 20 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC72

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
02 / 01 / 2016

Date Due

M M / D D / Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 OF 27

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC111

Lynn Schott for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
03 / 04 / 2016

Date Due

M M / D D / Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 22 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC127

Lynn Schott for Congress

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
03 / 14 / 2016

Date Due

M M / D D / Y Y

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 23 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC174

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 / 05 / 2016

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 24 OF 27

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC176

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Lynn Schott - PERSONAL FUNDS

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
04 / 05 / 2016

Date Due

M M / D D / Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

36900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 OF 27

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Compliance Group**

Nature of Debt (Purpose):

Financial Analyst

Mailing Address 9070 Irvine Center Drive, #150

City State

Zip Code

Irvine

CA

92618

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD205

Amount Incurred This Period

1200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cardmember Services**

Nature of Debt (Purpose):

Credit Card Payment - Printing Costs

Mailing Address PO Box 94014

City State

Zip Code

Palatine

IL

60094

Outstanding Balance Beginning This Period

7464.10

Transaction ID : PAYD123

Amount Incurred This Period

0.00

Payment This Period

7464.10

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cardmember Services**

Nature of Debt (Purpose):

Credit Card Charges/Payment

Mailing Address PO Box 94014

City

State

Zip Code

Palatine

IL

60094

Outstanding Balance Beginning This Period

13114.92

Transaction ID : PAYD168

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13114.92

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

14314.92

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 OF 27

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Cardmember Services**

Nature of Debt (Purpose):

Credit Card Payment

Mailing Address PO Box 94014

City State

Zip Code

Palatine

IL

60094

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD214

Amount Incurred This Period

8863.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

8863.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lynn Schott - PERSONAL FUNDS**

Nature of Debt (Purpose):

Printing &amp; Office Supplies

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

485.90

Transaction ID : PAYD4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

485.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lynn Schott - PERSONAL FUNDS**

Nature of Debt (Purpose):

Campaign Consulting Services

Mailing Address PO Box 60881

City

State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

375.00

Transaction ID : PAYD6

Amount Incurred This Period

0.00

Payment This Period

375.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

9349.34

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 OF 27

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lynn Schott - PERSONAL FUNDS**

Nature of Debt (Purpose):

Campaign Consulting Services

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

375.00

**Transaction ID : PAYD7**

Amount Incurred This Period

0.00

Payment This Period

375.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lynn Schott - PERSONAL FUNDS**

Nature of Debt (Purpose):

Misc Office & Meal Costs - No Vendor  
aggregating over \$200

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

59.60

**Transaction ID : PAYD10**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lynn Schott - PERSONAL FUNDS**

Nature of Debt (Purpose):

Parade Fee

Mailing Address PO Box 60881

City

State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

300.00

**Transaction ID : PAYD95**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

359.60

2) **TOTALS** This Period (last page this line number only) ..... ▶

24023.86

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

36900.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

60923.86